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APPLICANTS

Ronald R. Snyder SR., Schnecksville, PA;
 Douglas R. Dole, Whitehouse Station, NJ;

**** CONTINUING DATA *******
CHF NONE

**** FOREIGN APPLICATIONS *******
CHF NONE

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 07/19/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

ADDRESS
 23307
 SYNNESTVEDT & LECHNER, LLP
 2600 ARAMARK TOWER
 1101 MARKET STREET
 PHILADELPHIA, PA
 191072950

TITLE
 Pipe preparation device

FILING FEE RECEIVED 1090	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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